PSWCP Form 9 Adopted 12/2016 District of Columbia Government

DISTRICT OF COLUMBIA OFFICE OF ADMINISTRATIVE HEARINGS 441 4TH STREET NW, SUITE 450 NORTH WASHINGTON, DC 20001

PUBLIC SECTOR WORKERS' COMPENSATION PROGRAM HEARING REQUEST FORM

Use this form to request a hearing before an Administrative Law Judge to appeal a decision issued pursuant to D.C. Code §§ 1-623.23(a-2)(4), 1-623.24(b) or 1-623.24(d) by the District of Columbia Public Sector Workers' Compensation Program (PSWCP).

READ INSTRUCTIONS HERE AND ON THE REVERSE SIDE

For Help and Information, call (202) 442-9094

APPEAL DEADLINE: Your request must be received by the Office of Administrative Hearings (OAH) within **thirty (30)** calendar days from the date that the PSWCP issued the decision. If the 30-calendar-day filing deadline falls on a Saturday, Sunday, or a legal holiday, the deadline is extended to the next business day OAH is open.

If you file a request after the deadline, the judge may dismiss your case. You are responsible for making sure your request is filed before the appeal deadline. No one is authorized to give you different instructions about the deadline.

Please submit with this form any necessary attachments. If you are appealing a decision, you must also include a copy of the PSWCP Decision. You may submit this form first, but we cannot schedule a hearing or proceed with your appeal until you submit a copy of the PSWCP Decision you are appealing. This request and any attachments shall not exceed 15 pages.

| Claimant's Name: | Representative (if any): | |
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| Claimant's Full Address (with unit number, zip code): | Rep.'s Full Address (with unit number, zip code): | |
| Claimant's Telephone: Claimant's E-mail: Claim Number: | Rep.'s Telephone: Rep.'s Fax: Rep.'s E-mail | |
| appeal of a utilization review pursuant to D.C. Code § 1 Appeal of modification of awarded benefits pursuant to | acter or sufficiency of medical care or services following an 1-623.23(a-2)(4); | |
| Date of Decision: Employing Agency When Injury Occurred: | | |
| Reason for Disagreement with ORM Decision (You additional paper if necessary): | MUST answer all of the following questions. Use | |

| claimant/REP'S SIGNATURE: DATE: Will you need an INTERPRETER for the hearing? If so, what LANGUAGE? | | |
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| (3) What do you want the Judge to do? I have read this Hearing Request Form and I swear or affirm that the contents are true and accurate to the best of my knowledge. CLAIMANT/REP'S SIGNATURE: DATE: | | |
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| I have read this Hearing Request Form and I swear or affirm that the contents are true and accurate to the best of my knowledge. | (2) List detailed facts supporting the reason(s) for why | the decision is incorrect. |
| I have read this Hearing Request Form and I swear or affirm that the contents are true and accurate to the best of my knowledge. CLAIMANT/REP'S SIGNATURE: | | |
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| Will you need an INTERPRETER for the hearing? If so, what LANGUAGE? | CLAIMANT/REP'S SIGNATURE: | DATE: |
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| Will you need a reasonable accommodation? Please explain: | Will you need an INTERPRETER for the hearing? If so, wh | nat LANGUAGE? |
| | Will you need a reasonable accommodation? Please explain: | |
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<u>WHERE TO FILE</u>: You **MUST** file your appeal with the <u>Office of Administrative Hearings</u>. Do not file your request with the PSWCP, ORM, or with the Department of Employment Services.

• You may file a request by mail, in person, by fax or by email:

By Mail or In Person. You may file a request in person, weekdays between 9:00 a.m. and 5:00 p.m., or by mail to the following address. You will need photo identification to enter the building:

Office of Administrative Hearings One Judiciary Square

441 Fourth Street, NW, Suite 450 North Washington, DC 20001-2714

If filed by mail, your request must be received by OAH by the appeal deadline.

By Fax. You may file an appeal by fax to (202) 442-4789. Faxes received after 5:00 p.m. or on any non-business day are considered "filed" on the next business day. An appeal sent by fax will not be filed unless it is complete and legible when received.

By E-mail. You may file an appeal by email to **OAH.FILING@DC.GOV**. E-mails received after 5:00 p.m. or on any non-business day are considered "filed" on the next business day. Attach a completed copy of this form to your email.

RULES: The Rules of Procedure for the Office of Administrative Hearings may be found at <u>oah.dc.gov</u> and in the Office of Administrative Hearings Resource Center.